



FOR IMMEDIATE RELEASE

Contact:

The North American Menopause Society
Eileen Petridis
Phone: (216) 696-0229
epetridis@fallscommunications.com

American Society for Reproductive Medicine
Eleanor Nicoll
Phone: (202) 863-2439
enicoll@asrm-dc.org

The Endocrine Society
Aaron Lohr
Phone: (240) 482-1380
alohr@endo-society.org

15 Top Medical Organizations Agree on Hormone Therapy Use

10 Years Have Passed Since Women's Health Initiative Raised Questions

(July 9, 2012) — After 10 years of debate regarding the risks and benefits of hormone therapy, 15 top medical organizations have come together to issue a statement of agreement regarding the benefits of hormone therapy for symptomatic menopausal women. It was July 9, 2002, when the controversial, highly publicized Women's Health Initiative (WHI) published its assessment of hormone therapy for the prevention of chronic disease and concluded that risks exceeded benefits. The new joint statement, prepared by The North American Menopause Society (NAMS), the American Society for Reproductive Medicine (ASRM), and The Endocrine Society, concludes that hormone therapy is still an acceptable treatment for menopausal symptoms. This statement has been endorsed by 12 other leading organizations in women's health.

The purpose of this statement is to reassure women and their providers that hormone therapy is acceptable and relatively safe for healthy, symptomatic, recently postmenopausal women. Over the last 10 years, there has been a complete abandonment of hormone therapy in some settings accompanied by reluctance to treat women who would benefit from relief of their symptoms. As a result, some women have sought unproven alternative therapies.

“We want to emphasize the difference between taking hormone therapy short-term for treatment of menopausal symptoms versus taking hormone therapy for prevention of chronic diseases. Many women can safely take hormone therapy for relief of menopausal symptoms when they work closely with their provider to assess their personal risks and benefits,” said Dr. Margery Gass, Executive Director of NAMS. “Women and clinicians have been frustrated by the many conflicting recommendations over the past 10 years. This statement should be reassuring to all.”

Roger Lobo, MD, Past President of the American Society for Reproductive Medicine added, “Physicians can help patients determine, based on their own particular characteristics and history, whether or not they are good candidates for hormone therapy and what type of HT will provide them the greatest relief at the lowest risk. A decade of research and analysis has shown us that the generalized conclusions of the WHI do not apply to younger women at the beginning of the menopausal transition.”

“The results of the WHI and the conflicting reports that followed led many women to believe hormone therapy may not be a safe treatment for menopausal symptoms,” said Janet E. Hall, MD, immediate Past President of The Endocrine Society. “We want women to know that there are options out there for relief of their menopausal symptoms. The level of risk depends on the individual, her health history, age, and the number of years since her menopause began.”

When it comes to the safety and effectiveness of hormone therapy, one commonly heard lament is, “Even the experts don’t agree.” This statement was prepared to address this misperception by presenting evidence-based key concepts about hormone therapy to assist women and their clinicians in making informed decisions about use of hormone therapy when appropriate.

Major points of agreement among the societies include:

- Hormone therapy is an acceptable option for the relatively young (up to age 59 or within 10 years of menopause) and healthy women who are bothered by moderate to severe menopausal symptoms. Individualization is key in the decision to use hormone therapy.
- If women have only vaginal dryness or discomfort with intercourse, the preferred treatments are low doses of vaginal estrogen.
- Women who still have a uterus need to take a progestogen (progesterone or a similar product) along with the estrogen to prevent cancer of the uterus. Women who have had their uterus removed can take estrogen alone.

- Both estrogen therapy and estrogen with progestogen therapy increase the risk of blood clots in the legs and lungs, similar to birth control pills, patches, and rings. Although the risks of blood clots and stroke increase with either type of hormone therapy, the risk is rare in women ages 50-59.
- An increased risk in breast cancer is seen with 5 or more years of continuous estrogen with progestogen therapy, possibly earlier. The risk decreases after hormone therapy is stopped.

The statement is being published in the journals of The North American Menopause Society, the American Society for Reproductive Medicine, and The Endocrine Society and has been endorsed by the Academy of Women's Health, the American Academy of Family Physicians, the American Academy of Physician Assistants, the American Association of Clinical Endocrinologists, the American Medical Women's Association, the Asociación Mexicana para el Estudio del Climaterio, the Association of Reproductive Health Professionals, the National Association of Nurse Practitioners in Women's Health, the National Osteoporosis Foundation, the Society for the Study of Reproduction, the Society of Obstetricians & Gynaecologists of Canada, and the SIGMA Canadian Menopause Society.

The joint hormone therapy statement can be accessed on the websites of The North American Menopause Society (www.menopause.org), the American Society for Reproductive Medicine (www.asrm.org), and The Endocrine Society (www.endo-society.org).

Founded in 1989, The North American Menopause Society (NAMS) is North America's leading nonprofit organization dedicated to promoting the health and quality of life of all women during midlife and beyond through an understanding of menopause and healthy aging. Its multidisciplinary membership of 2,000 leaders in the field—including clinical and basic science experts from medicine, nursing, sociology, psychology, nutrition, anthropology, epidemiology, pharmacy, and education—makes NAMS uniquely qualified to serve as the definitive resource for health professionals and the public for accurate, unbiased information about menopause and healthy aging. To learn more about NAMS, visit our website: www.menopause.org

The American Society for Reproductive Medicine, founded in 1944, is an organization of 8,000 physicians, researchers, nurses, technicians and other professionals dedicated to advancing knowledge and expertise in reproductive biology. Affiliated societies include the Society for Assisted Reproductive Technology, the Society for Male Reproduction and Urology, the Society for Reproductive Endocrinology and Infertility, the Society of Reproductive Surgeons, and the Society of Reproductive Biologists and Technologists. Website: www.asrm.org

Founded in 1916, The Endocrine Society is the world's oldest, largest and most active organization devoted to research on hormones and the clinical practice of endocrinology. Today, The Endocrine Society's membership consists of over 15,000 scientists, physicians, educators, nurses and students in more than 100 countries. Society members represent all basic, applied, and clinical interests in endocrinology. The Endocrine Society is based in Chevy Chase, MD. To learn more about the Society and the field of endocrinology, visit our website: www.endo-society.org.